

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Representing ☐ Self or ☐ Attorney for _____
 Attorney State Bar Number: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

PB Number: _____

PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

_____ ☐ a minor or ☐ an adult

1. **APPOINTMENT:** The following person was appointed (name) _____
 and accepted appointment as (check one box):

- ☐ Guardian and conservator on (date) _____;
☐ Guardian (date) _____
☐ Conservator (date) _____.

2. **BIRTH DATE.** The ☐ minor or ☐ adult was born on (date) _____

3. **RESTRICTED FUNDS:** The minor/adult has exactly \$_____ in a restricted account,
 (account number) #_____ deposited with (name of bank or financial institution)

4. **NO PREVIOUS WITHDRAWALS.**

☐ No previous withdrawals have been made from the account without a written order of this Court.
 (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

5. **REASON THE FUNDS ARE NEEDED.**

☐ The minor/adult needs funds from the restricted account for the following reasons and in the following amounts:

REASON/PURPOSE	AMOUNT
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

6. NO OTHER SOURCE OF FUNDS.

- ☐ There is no other source of funds to pay for these needs, and no parent or other person is under a legal obligation to satisfy this need. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

REQUEST TO THE COURT

PETITIONER ASKS THAT THE COURT DO THE FOLLOWING THINGS AFTER NOTICE AND HEARING:

1. Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;
2. Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition;
3. Make any other orders the Court decides are in the best interests of the minor/adult.

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

Sworn to or Affirmed before me this: _____ by _____
(date)

My Commission Expires: _____
Deputy Clerk or Notary Public